

Oct. 8. 2014 2:51PM

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Extreme Medical Transport  
of the Carolinas, LLC

No. 6279 P. 4/20

252860

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2014 - 402 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JAMES WOODS

Telephone:

843-774-41174

Address: 2538 HWY 301 S

Fax:

843-774-4194

SUITE C

Other:

DILLON SC 29536

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten signature/initials.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 10-07-2014

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS, LLC

2538 HWY 301 S SUITE C DILLON SC

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-774-4117

Phone

843-774-4194

Fax

jameswoods1@att.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month \_\_\_\_\_ Year \_\_\_\_\_

**Assets:**

Cash		
Receivables		
Real Estate		
Buildings and Equipment (Net)		
Motor Vehicles (Net)		
Garage Equipment (Net)		
Machinery and Tools (Net)		
Supplies on Hand		
Prepays and Other Assets		
<b>Total Assets *</b>		
<b><u>Liabilities and Equity:</u></b>		
Accounts Payable		
Notes Payable		
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
<b>Total Liabilities</b>		
Capital Stock		
Retained Earnings		
<b>Total Equity</b>		
<b>Total Liabilities and Equity *</b>		

\* Total Assets = Total Liabilities and Equity

No. 6279 P. 9/20

No. 6279 P. 9/20

Statement Date	10/31/13		
Type of Credit	BUSINESS	Business/Occupation	OWNERSHIP CONCESSIONED CARS
Name	JAMES L. WOODS	Social Security	
Address	4313 SOUTHBOROUGH RD.	Birth	3/3/70
City, State Zip	FLORENCE, SC 29501	No. of Dependents	
		Home Phone	
		Business Phone	
Cash On Hand and in Bank			

Business Phone			
Cash On Hand and in Banks	440,000	Notes Payable to Banks	232,000
Cash Surrender Value of Life Insurance	6,000	Loans Against Life Insurance Policies	
Stocks, Bonds, US Gov't, Other Marketable Securities		Brokers Margin Accounts	
Accounts/Notes Receivable	215,000	Accounts/Notes Payable	
Accounts/Notes Receivable From Relatives & Friends		Accounts/Notes Payable to Relatives & Friends	
Other Assets Readily Convertible to Cash-Itemize		Accounts/Notes Due to Others	
		Contracts Payable	
		Credit Card Balance	
		Lease Obligation	
Total Current Assets	661,000	Taxes Accrued but Unpaid-Federal (Income)	
		Taxes Accrued but Unpaid-State (Income)	
Real Estate Owned		Other Unpaid Taxes (Accrued Payroll Taxes)	
Automobiles	790,000	Real Estate Mortgages Due	180,000
Other Personal Property	135,000	Automobile Notes Due	
Mortgages & Contracts Owned		Other Personal Property Notes Due	
Securities Not Readily Marketable		Other Liabilities Due Within 1 Year-Itemize	
Accounts/Notes Receivable-Doubtful			
Other Assets-Itemize			
		Liens & Assessments Payable	
		Other Debts-Itemize	
		Total Liabilities	412,000
Total Assets	1,586,000	Net Worth (Total Assets minus Total Liabilities)	1,174,000
		Total Liabilities & Net Worth	1,586,000

Annual Income		Total Liabilities & Net Worth
Salary, Bonuses & Commissions (net from Business)	93,000	Estimated Annual Expenses
Dividends & Interest		Income Taxes
Rental & Lease Income		Other Taxes
Other Income-Itemize		Insurance Premiums
		Mortgage Payments
		Rent Payments
		Note Payments
		Other Expenses-Itemize
<p>Alimony, Child Support or separate maintenance income need not be itemized if you do not wish to have it considered as a basis for repaying this obligation.</p> <p>Provide the following information only if Joint Credit is selected above.</p> <p>Other Persons Salary, Bonuses &amp; Commissions</p> <p>Other Persons Other Income-Itemize</p> <p>Alimony, Child Support or separate maintenance income need not be itemized if you do not wish to have it considered as a basis for repaying this obligation.</p>		
Total Annual Income	93,000	Total Estimated Annual Expenses
General Information		Contingent Liabilities
Are any Assets Pledged?	No	Guarantor on Mortgages
Are you a Defendant in any Suits or Legal action?	No	On Lease of Contracts
Explain		Legal Claims
Have you been declared bankrupt in the last 7 yrs.?	No	Federal/State Income Taxes
Explain		Other
<p>For the purpose of procuring credit from time to time, I/we furnish the foregoing as a true and accurate statement of my/our financial condition. Authorizations hereby given to the Lender to verify, in the manner it deems appropriate, in and out items on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition. The undersigned acknowledges that I/we have been advised that making false statements or reports, or willfully overvaluing any land, personal or security for the purpose of influencing this credit to be extended will subject me/US to possible liability under the law.</p>		
Date	10/31/13	Signature
Date		Signature

No. 6279 P. 10/20

Name: JAMES L. WOODS

Date: 10/31/13

**Schedule E. Real Estate Owned.** Indicate ☒ if Others Have Ownership Interest.

Schedule F, Mortgages and Contracts Owned. Indicate ☒ if Others Have Ownership Interest.

**Schedule G. Automobile & Other Personal Property. Indicate ☒ if Others Have Ownership Interest.**

**Schedule H. Accounts, Bills, and Contracts Payable (Excludes Bank, Mortgage and Insurance Company Loans)**

I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorizations hereby given to the Lender in the manner it deems appropriate, in and all items on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change such financial condition. The undersigned acknowledges that I/We have been advised that making false statements or reports or willfully overvaluing any land, property or security for purpose of influencing this credit to be extended will subject Mar/US to possible liability under the law.

Date	Signature	Signature
------	-----------	-----------

Name: JAMES L. WOODS

**Date:** 10/31/13

Schedule A. Cash in Banks and Notes Due To Banks (List Real Estate Loans in Schedule E / Auto Loans in Schedule G)	

**Schedule B. Life Insurance (List policies that you own)**

**Schedule C. Securities Owned (Including Stocks, Bonds and US Gov't Securities)**

[illegible]

Name of Debtor	✓	Original Amount	Balance Due	Balance Due Relatives / Friends	Balance Due Doubtful Accounts	Maturity Date	Description of Security (If Any)
VARIOUS (MID WAY)			150,000				
VARIOUS (BAIL BONDS)			65,000				
		Totals	215,000				

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$200.00

\$80.00

\$7.00

\$ 4.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2009	FORD	1FDSS34P59DA85799	5436	
2010	FORD	1FDSS3EP6ADA26263	5485	



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

**EXTREME MEDICAL TRANSPORT OF THE CAROLINAS LLC**

Name of Applicant

2538 HWY 301 S SUITE-C DILLON SC 29536

Address of Applicant

Amount of Premium:

Liability Insurance \$

~~\$10,000~~ \$11,404.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	N/A

Columbia Insurance Co

Name of Insurance Company

3024 Hannay St, Omaha NE

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/8/2014

Date

JL M-Lli

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).  
☒ Yes ☐ No
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.  
☒ Yes ☐ No
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.  
☒ Yes ☐ No
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.  
☒ Yes ☐ No
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes ☐ No
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.  
☒ Yes ☐ No
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.  
☒ Yes ☐ No
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.  
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

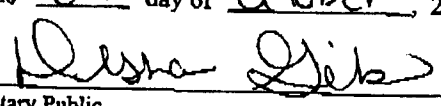
  
Applicant's Signature

OWNER  
Title of Applicant (e.g. President, Owner, etc.)

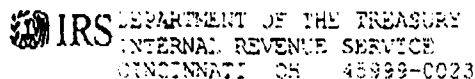
STATE OF SOUTH CAROLINA )

COUNTY OF Dillon )

SWORN TO BEFORE ME  
This 8th day of October, 2014

  
Notary Public

Commission Expires MY COMMISSION EXPIRES 07-06-2016



Date of this notice: 06-17-2014

Number:

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.EXTREME MEDICAL TRANSPORT OF THE  
CAROLINAS LLC  
JAMES WOODS MBR  
PO BOX 863  
DILLON, SC 29536

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



Oct. 8. 2014 2:52PM

CERTIFIED No. 6279 TRUE P. 6/20/2014  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00

JUN 19 2014

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

2538 HIGHWAY 301 S

Street Address

DILLON

City

29536

Zip Code

3. The initial agent for service of process is

JAMES WOODS

Name

*[Signature]*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2538 HIGHWAY 301 S

Street Address

DILLON

City

29536

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) JAMES WOODS

Name

2538 HIGHWAY 301 S

Street Address

DILLON

City

SC

State

29536

Zip Code

- (b)

Name

Street Address

City

140619-0180

EXTREME MEDICAL TRANSPORT OF THE CAROLINAS, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

FILED: 06/19/2014

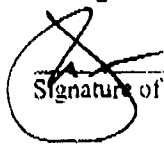
EXTREME MEDICAL TRANSPORT OF THE CAROLINAS, LLC

Filing Fee: \$110.00 ORIG

South Carolina Secretary of State

Name of Limited Liability Company EXTREME MEDICAL TRANSPORT OF TH.

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

  
\_\_\_\_\_  
Signature of Organizer

6/18/14

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Organizer\_\_\_\_\_  
Date